



**State of Missouri**  
**Office of Administration**  
**State Fleet Management Program**  
 Post Office Box 809, Jefferson City, MO 65102  
 573/751-4534  
 FAX 573/751-7819

<b>Agency Tracking #</b> <i>(Optional)</i>	
<b>Date Received</b> <i>SFM Use Only</i>	
<b>Tracking Number</b> <i>SFM Use Only</i>	

## VEHICLE PREAPPROVAL FORM (Page 1)

<b>Department/Division</b>	<b>Agency Contact Name</b>
<b>SAM II Order #</b>	<b>Agency Contact Fax</b>

SECTION A		
<b>Expansion/Replacement</b>	<input type="checkbox"/> Expansion <input type="checkbox"/> Replacement <i>(Complete Section D for Expansion Requests)</i>	<b>Purchase Price \$</b>
<b>Purchase From:</b>	<input type="checkbox"/> State Contract <input type="checkbox"/> Surplus <input type="checkbox"/> MSHP	<b>Purchase Option (check all that apply)</b> <input type="checkbox"/> Purchase <input type="checkbox"/> Lease-Purchase <input type="checkbox"/> Credits (Section 37.452 RSMo)
<b>Vehicle Requested</b> <input type="checkbox"/> New <input type="checkbox"/> Used (Check One)		
VEHICLE DATA	VEHICLE TO BE REPLACED	REQUESTED VEHICLE
<b>Year</b>		
<b>Make</b>		
<b>Model</b>		
<b>VIN</b>		N/A
<b>License Number</b>		N/A
<b>Inventory Number</b>		N/A
<b>Current Odometer</b>		<i>(leave blank for new vehicles)</i>
<b>Annual Miles Driven</b>	<i>Prior FY Actual</i>	<i>Estimated</i>
<b>Vehicle Category</b>	Pick One	Pick One
<b>Vehicle Subcategory</b>	Pick One	Pick One
<b>Check all that apply</b>	<input type="checkbox"/> 4WD <input type="checkbox"/> Police Equipped	<input type="checkbox"/> 4WD <input type="checkbox"/> Police Equipped
<b>Primary Assignment</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Function <input type="checkbox"/> Pool	<input type="checkbox"/> Individual <input type="checkbox"/> Function <input type="checkbox"/> Pool
<b>Assignment Name</b>		
<b>Vehicle Purpose</b>	<input type="checkbox"/> Employee Transportation <input type="checkbox"/> Client Transportation <input type="checkbox"/> Task Specific (describe below) <input type="checkbox"/> Special Purpose (describe below)	<input type="checkbox"/> Employee Transportation <input type="checkbox"/> Client Transportation <input type="checkbox"/> Task Specific (describe below) <input type="checkbox"/> Special Purpose (describe below)
<b>Reason for Replacement</b>	<input type="checkbox"/> Routine (Over 120,000 miles) <input type="checkbox"/> Other <i>(Complete Section E)</i>	Actual Disposal Date/Miles <i>(SFM use only)</i>
<b>Estimated Disposal Date</b>		

SECTION B: SIGNATURES	
<b>Agency Head or Designee</b>  _____  Date: _____	<b>State Fleet Manager</b>  _____  Date: _____ <div style="text-align: right;"> <input type="checkbox"/> Approved           New Plate #: _____  <input type="checkbox"/> Denied       </div>



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## VEHICLE PREAPPROVAL FORM (Page 2)

### SECTION C: ADDITIONAL JUSTIFICATION FOR CERTAIN VEHICLE TYPES

This section must be completed if a SUV, four wheel drive vehicle, full size sedan or a police equipped vehicle is requested for individuals other than POST certified officers.

Special Requirements: Check all that apply and then describe in detail in the space provided below.

- ☐ Regularly driven off road or on unimproved roads
- ☐ Equipment/Tool Storage
- ☐ Passenger Occupancy
- ☐ Utility Features
- ☐ Other

Please describe the specific need here. Include justification describing why a lower cost; more fuel-efficient vehicle is not sufficient to meet agency needs.

### SECTION D: ADDITIONAL JUSTIFICATION FOR EXPANSION VEHICLES

This section must be completed for expansion vehicle requests.

Reason for Expansion: Check all that apply and then describe in detail in the space provided below:

- ☐ New Statutory Requirements
- ☐ Fleet Increase Approved by General Assembly
- ☐ Program Changes
- ☐ Other

Describe the need to expand the fleet here.

### SECTION E: REASON FOR REPLACEMENT

If "Other" was selected as the reason for replacement on page one please provide additional information below.

### ADDITIONAL INFORMATION (optional)



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## **VEHICLE PREAPPROVAL FORM INSTRUCTIONS & INFORMATION**

All new or used vehicle purchases under 8,500 GVWR (Gross Vehicle Weight Rating) must be pre-approved by the State Fleet Manager in accordance with the Vehicle Acquisition Section of the State Vehicle Policy (SP-4). The State Vehicle Policy may be viewed at <http://www.oa.mo.gov/gs/fm/index.htm>. This includes vehicles purchased directly from other state agencies or State Surplus Property. State Surplus Property requires a signed pre-approval form prior to selling a used vehicle to a state agency.

### **STEP-BY-STEP INSTRUCTIONS TO COMPLETE THE PREAPPROVAL FORM**

1. Complete Section A with information on the vehicle to be purchased and the vehicle to be replaced (if applicable).
2. Complete Section C if the request is to request purchase an SUV, four wheel drive pickup, full size sedan or a police equipped vehicle to be operated by individuals other than POST certified law enforcement officers.
3. Complete Section D if you are requesting an expansion to the size of your fleet.
4. Obtain signature of agency head or designee in Section B.
5. Agencies are not required to submit page two of this form if Sections C-E are not required.
6. Submit the signed form to the State Fleet Management Program. Address and fax numbers are displayed at the top of this page. Interagency Mail: Room 760, Harry S. Truman State Office Building
7. The signed preapproval form will be faxed back to the contact indicated on the top of page one.

### **SAM II FINANCIAL PURCHASE ORDER INFORMATION**

Agencies must use one of the following commodity codes when processing a PGQ or PDQ document:

07006 – Automobiles & Station Wagons  
07007 – Autos, Station Wagons, Vans, Trucks, Alternative Fuel  
07048 – Trucks (One Ton And Less Capacity)  
07092 – Vans

Agencies do not have to enter a SAM II purchase order prior to submission of the preapproval form. If the purchase order number is indicated on the preapproval form, it will be approved in SAM II after the State Fleet Manager approves the preapproval form. If the purchase order number is not provided, agencies must contact the State Fleet Manager with the SAM II purchase order number and the SFM Tracking Number from the top of the preapproval form and indicate that the purchase order is ready for approval.

### **VEHICLE CREDIT INFORMATION**

If your agency would like to purchase a vehicle with vehicle credit funds, please submit the Vehicle Credit Request Form with the Vehicle Preapproval Form. Your request to purchase a vehicle with credit funds must be approved before a purchase order can be fully processed. All vehicle credit purchases must be made in accordance with the signed interagency spending delegation agreement and Vehicle Credit Procedures. Procedures and the request form can be found at: <http://www.oa.mo.gov/gs/fm/ssp.htm>.

**QUESTIONS:** Contact Cynthia Dixon, State Fleet Manager at 573/751-4534.